

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. L.		7/30/44
O.I.P.E. CLASSIFIER		64894	8-18
FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim		Date	
Final	Original		
1	1	✓	7/30/44
2	2	✓	7/30/44
3	3	✓	7/30/44
4	4	✓	7/30/44
5	5	✓	7/30/44
6	6	✓	7/30/44
7	7	✓	7/30/44
8	8	✓	7/30/44
9	9	✓	7/30/44
10	10	✓	7/30/44
11	11	✓	7/30/44
12	12	✓	7/30/44
13	13	✓	7/30/44
14	14	✓	7/30/44
15	15	✓	7/30/44
16	16	✓	7/30/44
17	17	✓	7/30/44
18	18	✓	7/30/44
19	19	✓	7/30/44
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21	21	✓	7/30/44
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23	23	✓	7/30/44
24	24	✓	7/30/44
25	25	✓	7/30/44
26	26	✓	7/30/44
27	27	✓	7/30/44
28	28	✓	7/30/44
29	29	✓	7/30/44
30	30	✓	7/30/44
31	31	✓	7/30/44
32	32	✓	7/30/44
33	33	✓	7/30/44
34	34	✓	7/30/44
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36	36	✓	7/30/44
37	37	✓	7/30/44
38	38	✓	7/30/44
39	39	✓	7/30/44
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41	41	✓	7/30/44
42	42	✓	7/30/44
43	43	✓	7/30/44
44	44	✓	7/30/44
45	45	✓	7/30/44
46	46	✓	7/30/44
47	47	✓	7/30/44
48	48	✓	7/30/44
49	49	✓	7/30/44
50	50	✓	7/30/44

Claim		Date	
Final	Original		
51	51		
52	52		
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100	100		

Claim		Date	
Final	Original		
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If more than 150 claims or 10 actions  
 staple additional sheet here

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